

## **Tardive Dyskinesia Education Sheet**

### **What Is Tardive Dyskinesia (TD)?**

Tardive dyskinesia (TD) is a side effect of antipsychotic medication. It may also occur with several other medications such as amoxapine and metoclopramide. TD consists of involuntary muscle movements. These can occur in the face, mouth, tongue, trunk, arms, or legs. Some examples are grimacing, tics, frequent blinking, chewing, lip smacking, puckering, tongue thrusting, and twisting or jerking movements of the arms, legs, and trunk.

### **Are There Different Types of TD?**

There are two main types of TD. One type lasts a few days to a few weeks. This is called “transient TD” or “withdrawal TD” depending on whether the dose of the medication has been reduced. The other type is called “persistent TD.” Persistent TD can last months to years. If persistent TD lasts longer than two to three years, it usually does not go away. Persistent TD is the type of most concern.

### **How Often Does TD Occur?**

TD during the first three months of antipsychotic medication treatment is rare. Over the first two years, the risk of persistent TD is about 3% to 5%. Over five to ten years, the risk of persistent TD is about 10% to 25%. TD may occur earlier and more often if the risk factors listed below are present, especially if antipsychotic medication is being prescribed for the first time to a person who is age 45 or older. TD occurs much less often with newer atypical antipsychotic medication.

### **How Severe Is TD?**

About 67% of TD cases are mild. That is, it is not obvious to people or troublesome to the person. About 10% of cases are severe. That is, it can be cosmetically unpleasant or interfere with daily living skills. In a few cases, TD can be dangerous and can cause problems such as breathing difficulty or great weight loss. Elderly people are thought to be at greater risk for severe TD. **TD occurs much less often with newer atypical.**

### **Is There a Treatment for TD?**

There is not a guaranteed treatment. However, there are treatments which may help. If antipsychotic medication is discontinued, about 33% to 50% of cases will go away over several weeks to several months. Other cases may gradually go away over several years. If antipsychotic medication is still needed, TD may improve if a lower dose can be used. Some TD cases can be treated by changing to an atypical antipsychotic medication. Several other medications such as Vitamin E may also be beneficial in some cases.

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### **Do Some People Get TD More Than Others?**

It is not clear why one person develops TD and another does not. While some studies suggest that there may be other risk factors such as diabetes, the following items are thought to be the major risk factors. Please remember these do not predict whether a specific person will actually develop TD.

- Age, especially age 45 or above
- An affective or mood condition
- Other types of movement side effects early in treatment
- Greater time or a greater amount of antipsychotic medication prescribed over the years
- Head injury or organic brain damage

### **Are There Other Late Developing Movement Like TD?**

Yes. Tardive blepharospasm involves the eyelid muscles half-closing so the field of vision is affected. Tardive dystonia involves muscle stiffness which twists or jerks the head, trunk, or limbs. Both of these conditions are rare, but both are usually severe and difficult to treat. Tardive akathisia involves an inability to sit still or a feeling of restlessness. This occurs more frequently.

### **What Should I Do?**

There are three things to do.

- **First**, carefully consider the benefits of this medication. Think if it has helped or can help you. These medications have helped hundreds of thousands of people live better lives. While TD is a problem, please consider any problems which might occur if antipsychotic medication is not taken. While TD can occur, many people do not develop TD.
- **Second**, tell the doctor or nurse if you see any unusual movements. They have been trained to do an examination to check for these movements. Although regular examinations occur, any help from you is important.
- **Third**, be alert to any muscle changes if the dose is lowered or the medication stopped. Many times TD is not seen until the dose is very low or the medication stopped. Tell the doctor or nurse of any changes.

**The information on this sheet does not cover all possible aspects of TD. It is a summary of the professional literature as of July 2007.**